

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Request for a Child Protection Register (CPR) Check

The purpose of the Child Protection Register is to protect children and to ensure their safety by maintaining an index of perpetrators of child abuse and neglect in the District of Columbia. This confidential index includes the names of individuals with substantiated and/or inconclusive findings from the investigative reports of the Child Protective Services Unit of the Child and Family Services Agency. Authorized individuals may request background checks to establish whether an individual has a record of substantiated abuse or neglect of a child that occurred in the District of Columbia.

- ▶ To request a local police clearance for the District of Columbia, please visit <https://mpdc.dc.gov/node/187552>.
- ▶ For information about the Sex Offender Registry, visit: <https://mpdc.dc.gov/service/sex-offender-registry>.
- ▶ If you are making a request on behalf of a state child welfare agency outside of the District of Columbia and need the history of a family previously living in the District of Columbia, you may call **202-671-SAFE**.
- ▶ For other questions, call the CPR Unit at **202-727-8885** between 8:30 am and 4:30 pm Monday through Friday.

Read all instructions – incomplete, incorrect or illegible forms will be returned and your request may be delayed

- Do not complete an old version of the form; get the latest form at <https://cfsa.dc.gov/service/background-checks>.
- Mail or deliver original application (no photocopies); no faxed, emailed, or scanned applications accepted.

Part I

- Schools (other than DCPS), child care facilities, private foster care agencies, and other private, community-based organizations should select “Non-Government Organization” as the Requestor Type.
- CPR check results are not transferrable and cannot be shared from one agency or employer to another.

Part II

- If you have no middle name write “no middle name” or if a middle name is an initial, indicate “initial only.”
- If the answer to any question is none, write “N/A”.

Part III

- An individual must sign the form to provide consent for CFSA to release information to an authorized requestor.
- The form must be signed in blue ink; electronic signatures are not permitted.
- An employment request allows access to substantiated reports of child maltreatment, to chief executive officers or directors of day care centers, schools, or any public or private organization working directly with children, for the purpose of making employment decisions.

Part IV

- Forms shall be returned if not notarized (*Note: applications for prospective and current CFSA resource parents and kin caregivers need not be notarized, but photo ID must be provided and the form must be signed in the presence of a CFSA employee*).

Part V

- Self-check applications must be submitted in person, not by mail.

- Individuals requesting a self-check and CFSA resource parents and kin caregivers must present **one** non-expired, government-issued, photo identification: e.g., driver's license, state identification card, passport, "green card".
- Results of CPR self-checks may not be used for employment purposes. Employers must directly request CPR clearances for prospective or current employees.

| | | |
|---|--|--|
| MAIL or HAND DELIVER completed forms to: | Attn: Child Protection Register Unit Child and Family Services Agency 200 I Street SE, 3rd Floor Washington, DC 20003 | Applications accepted between 8:30 am and 4:30 pm Monday through Friday |
|---|--|--|

Rev. October 2017

Please **type or print clearly**. Sign the form in **blue** ink, and date where indicated. Thoroughly review and submit to the CFSA CPR office. **Allow up to 30 business days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms will be returned** if incomplete, incorrect, or illegible resulting in a delayed response.

PART I: Requesting Organization/Employer Information

| | | | |
|--|--|--|--|
| Request Date | | Corrected Application Re-submission Date | |
| Requestor Type | | | |
| <input type="checkbox"/> Court | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Self (<i>personal use only</i>) |
| Purpose | | | |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Court Request | <input type="checkbox"/> Foster/Adoption Licensing | <input type="checkbox"/> Kinship Licensing |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Current Employee/Volunteer | <input type="checkbox"/> New Hire/Volunteer | <input type="checkbox"/> Other: |
| Requesting Organization/Employer Contact Information (results cannot be mailed to a P.O. Box) | | | |
| Requesting Organization | Maryland State Board for the Certification of Residential Child Care Program Professionals | | |
| Attention To | Gwendolyn A. Joyner, Deputy Director | | |
| Requestor Address | 4201 Patterson Avenue, Baltimore, Maryland 21215 | | |
| Phone Number | 410-764-5996 | Fax Number | 410-358-5674 |
| Preferred method to return CPR check results to the requesting organization | | <input checked="" type="checkbox"/> By Mail | <input type="checkbox"/> By Fax |

PART II: Applicant Information

| | | | |
|--|--|---|---------------------------------|
| Last Name (include suffix if applicable) | First Name | Full Middle Name (write "no middle name" if there is none) | |
| | | | |
| Date of Birth (MM/DD/YYYY) | Social Security Number (or USCIS/Alien Registration #) | Gender (on birth certificate) | |
| | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Other Names Used (nicknames, alias, maiden name, previous married name, legal name change, etc.) | | | |
| | | | |
| | | | |

Leave this space blank for Notary seal

Applicant Name
(Printed)

Applicant Signature
(must be signed in the presence of a Notary)

Date

Subscribed and affirmed or sworn to me, in my presence, on this _____ day of _____, 20____

Signature of Notary Public: _____ in the state of, _____

My commission expires on ____/____/____

PART V: Self Check, CFSA Resource Parent, and CFSA Kinship Caregiver Verification

CFSA USE ONLY: Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

| | | | |
|-----------------------------|--|------|--|
| Type of ID | | ID # | |
| CFSA Employee Name (print) | | | |
| CFSA Employee Title (print) | | | |
| CFSA Employee Signature | | | |